



## TESTIMONY

### BEFORE THE PUBLIC HEALTH COMMITTEE

#### H.B. 5499 AN ACT CONCERNING REGULATIONS RELATING TO HOSPICE CARE

March 16, 2012

Senator Gerratana, Representative Ritter and members of the Public Health Committee, my name is Kimberly Skehan and I am Director of Home Care & Hospice Services for Healthcare Management Solutions, Inc. which provides consultation and billing services to many Connecticut home care and hospice agencies. I am also the Policy Committee Chair and a Board Member of the Connecticut Association for Home Care & Hospice. I am a Registered Nurse with twenty five years of oncology, home care and hospice experience.

I am writing to testify in **support** of H.B. 5499 AN ACT CONCERNING REGULATIONS PERTAINING TO HOSPICE CARE with some proposed revisions as noted below. For more than two years, the Connecticut Association for Home Care & Hospice (CAHCH), along with 28 of 29 licensed hospice providers in the State of Connecticut, have been working in conjunction with the State of Connecticut Department of Public Health (DPH) to develop proposed revisions to Section 19a-122b-1 to 19a-122b-14 Hospice Facility regulations which are based on the current Medicare Hospice Conditions of Participation and provide opportunities for all licensed hospice providers in the state to provide terminally ill patients greater access to hospice service and care. It is time for these regulations to be passed and implemented. There are several hospices in our state awaiting these regulations to begin the process of developing their own facility based programs to meet the needs of the clients and families their communities. If the passage of H.B. 5499 will facilitate the implementation of the DPH hospice facility

regulations as currently drafted, then this bill must be supported with two recommendations as noted below:

The language in H.B. 5499 section "a" references only hospice residences, and the regulations developed with DPH during the past two years address all facility based hospice care. The current draft of the DPH regulations are more comprehensive and addresses the intent of the current statute which supports the vitally important need for hospice services to be provided in *all* settings, and for hospices to be licensed *and* certified to provide this care. These requirements insure that our clients can receive qualified hospice staff in all settings, and provide for additional quality oversight to insure safe client care. Therefore I recommend that the language in this bill be amended to reference hospice facilities, not just residences.

In addition I support the technical wording recommendations that will be submitted by Hospice of Southeastern Connecticut and the Connecticut Association for Home Care & Hospice which seek to further clarify that hospices must be able to provide all levels of hospice care (routine, general inpatient, continuous home care or respite). This way our citizens can be assured to receive the full spectrum of qualified hospice services in their communities by their local hospice provider as their needs warrant. The draft DPH hospice facility regulations, which I have previously referenced, correctly identify the parameters around which hospice residences and facilities should be developed and operated. It is recommended that CAHCH and the hospice provider representatives be able to review the most recent draft of the proposed DPH regulations to insure that there have been no substantive changes to what had previously been developed.

It is also important to note that the implementation of these DPH regulations as proposed will allow other hospice providers to partner with either their local SNFs or hospitals to operate a hospice facility or residence. Not only will this increase access and improve quality of care, but it will also allow for an opportunity to utilize SNF or hospital beds that may be unused as we continue to strive for rebalancing and moving appropriate patients from institutional settings to community-based care.

Finally, on a personal note, my mother was a patient under The CT Hospice home care program in 2005 where she received excellent care. But when my Mom reached her final days, we chose to have her receive care at the Middlesex Hospice & Palliative Care Unit, for many reasons, but primarily because this way she would be close to her family, including her mother who was 100 years old at the time. I know that if my Mom had been in Branford, she would have received outstanding care, but no way would she have been able to experience the very special time that she was able to have with so many of our family members in addition to receiving the high quality, compassionate care she was able to experience at Middlesex.

It is for this reason that I applaud the Public Health Committee and the Department of Public Health for taking the initiative to update these regulations which will insure quality of care as well as increased access to care for hospice patients and family members throughout the state.

Thank you for consideration of this testimony. Please feel free to contact me with any questions you may have.

Kimberly Skehan, RN, MSN  
Director of Home Care & Hospice Services  
Healthcare Management Solutions, Inc  
860-729-4680/kimskehan@sbcglobal.net